

SUMMARY OF INCIDENT

INVESTIGATOR:	CLASSIFICATION:	C.C.R.B. No.:
INCIDENT: DATE & TIME	REPORTED TO C.C.R.B.: DATE & TIME	

PERSONS TO BE NOTIFIED:

	NAME	STREET	CITY/BOROUGH	STATE	ZIP CODE
COMPLAINANT	§ 87(2)(b)				
VICTIM	§ 87(2)(b)				
(If Not Compl)					
OTHER	§ 87(2)(b)				
ATTY	§ 87(2)(b)				
WHO DOES ATTORNEY REPRESENT?					

SUBJECT MEMBERS COMPLAINED OF:

RANK	NAME	SHIELD NO.	CMD.	TAX REG. NO.	SERVICE TIME	ASSIGNMENT	RACE	ON DUTY (YES OR NO)

PREVIOUS C.C.R.B. CASES:

NAME	C.C.R.B. NO.	DATE	CATEGORY	DISPOSITION
§ 87(2)(b)				

COMMUNICATIONS TO BE ANSWERED:

<input type="checkbox"/> P.C. Brief	<input type="checkbox"/> Mayor's Office	<input type="checkbox"/> Other (specify)
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USE OTHER SIDE IF ADDITIONAL SPACE IS NEEDED

Misc 830N Rev. 12/79